

SOUTHEASTERN LOUISIANA UNIVERSITY
HAMMOND, LOUISIANA

Period Beginning _____

Ending _____

Department _____ Code _____

DAILY ATTENDANCE RECORD

Faculty/Graduate Assistants

CODE FOR TIME TO BE PAID

X - On Duty
C - Office Closed

SP - Special Leave
B - Sick Leave

CODE FOR TIME NOT TO BE PAID

O - On Leave Without Pay
N - New Employee Before Starting

S - Separated Employee

NAME & EMPLID. #	Faculty/GA Certification * (Initial)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31

ATTENDANCE CERTIFIED CORRECT

Name _____
Department Head

***Faculty/GA Certification:**
"X" means working normal employment schedule and exceptions are reflected by use of leave dates specified above.

In accordance with Board Policy, attendance/leave reports must be submitted at least monthly. This report is due in the Payroll Office each month based on the schedule provided at the beginning of the Fall Semester.